

Claim Form

Assetlife: In respect to a death claim

SECTION A: INSURED DETAILS

This declaration will form the basis on which your claim is assessed. Please ensure that each question is answered and the information given is complete and accurate. Any misstatement could be used as a basis for the claim not being admitted.

Title	<input type="text"/>	Full names	<input type="text"/>	
Surname	<input type="text"/>			
Date of birth	<input type="text" value="DD/MM/YYYY"/>	Identity number	<input type="text"/>	
Cause of death	<input type="text"/>			Date of death <input type="text" value="DD/MM/YYYY"/>
When did the condition start that caused death?	<input type="text" value="DD/MM/YYYY"/>	Policy Number	<input type="text"/>	

Was the death caused by suicide, self-inflicted injury or transgressing any law or as a result of participating in a war or hazardous activities?

Yes No

SECTION B: NOMINATED CREDIT PROVIDER DETAILS

Credit provider	Financing agreement account number	Outstanding loan balance	Credit provider contact person name and surname	Credit provider contact person contact number

Nominated credit provider bank account details

Credit provider	Bank account number	Branch code	Bank	Type of account

SECTION C: NOMINATED BENEFICIARY DETAILS

Full names and surname	ID number	Relationship to life insured	Percentage of benefit or amount	Contact number

Nominated beneficiary bank account details

Beneficiary full names and surname (state name of account holder if different from beneficiary)	Bank account number	Branch code	Bank	Type of account

SECTION D: DETAILS OF PERSON COMPLETING THIS FORM

Title Full names

Surname

Address Postal code

Cell phone number Telephone number

E-mail address

Signature _____

SECTION E: SUPPORTING DOCUMENTATION REQUIRED

The following documents must be submitted with the claim form:

- 1. Copy of death certificate of insured.
- 2. Copy of the insured ID document.
- 3. Proof of outstanding financing agreement loan balances including confirmation of financing agreement account number and institutions bank account details.
- 4. Copies of ID document of beneficiaries or any other form of proof of age of beneficiaries if minors.
- 5. Copy of Notice of Death form (BI1663).
- 6. Completed Confidential Medical Report.
- 7. Police statement if the death is due to an unnatural cause.
- 8. Copy of the post mortem or blood/alcohol tests if the death was caused by a motor vehicle accident where the claimant was the driver of the vehicle.